

Commonwealth of Kentucky  
Personnel Cabinet

# Health Insurance Program Monthly Report



Prepared for

Kentucky Group Health Insurance  
Board Members

February 2009

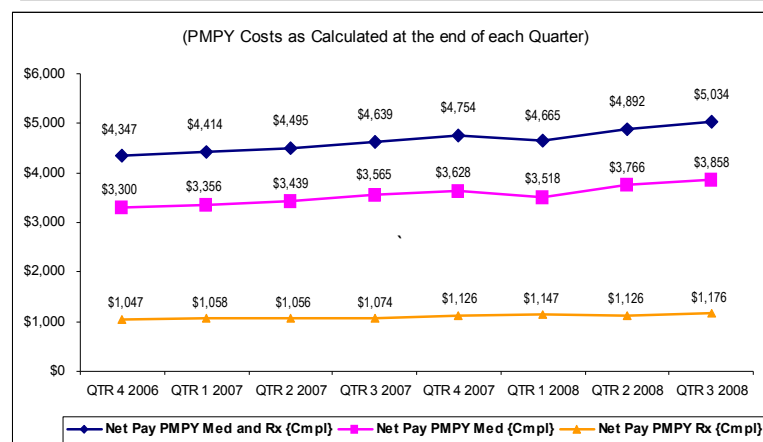
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not yet Reported Claims (IBNR or CMPL)

## Enrollment

Fact	Oct 2007 - Sep 2008	Oct 2006 - Sep 2007	% Change
Employees Avg Med	153,743	149,670	2.70%
Members Avg Med	250,641	242,344	3.40%
Family Size Avg	1.6	1.6	0.70%
Member Age Avg	36.0	37.0	-2.50%

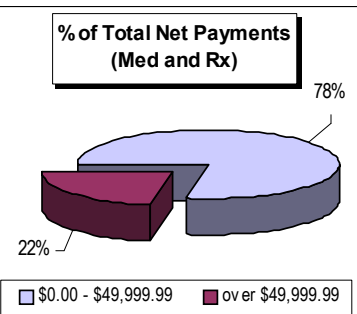
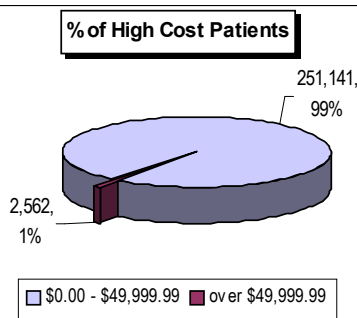
## Net Incurred Claims Cost Per Member



## Allowed Claims Costs PMPY with Norms

	Oct 2006 - Sep 2007	Oct 2007 - Sep 2008	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$3,818.54	\$4,109.22	8%	\$3,600.50	12.38%
Allow Amt PMPY IP Acute {Cmpl}	\$1,075.31	\$1,131.19	5%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,732.14	\$2,967.70	9%	\$2,438.77	17.82%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,236.01	\$1,429.77	16%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$949.76	\$1,015.21	7%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$239.53	\$255.09	7%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$470.92	\$520.14	10%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$331.26	\$346.93	5%	\$649.12	-87.10%
Allow Amt PMPY Rx {Cmpl}	\$1,273.47	\$1,344.69	6%	\$1,001.74	25.50%
Out of Pocket PMPY Rx {Cmpl}	\$211.68	\$196.30	-7%	\$0.00	N/A

## High Cost Claimants October 07 - September 08



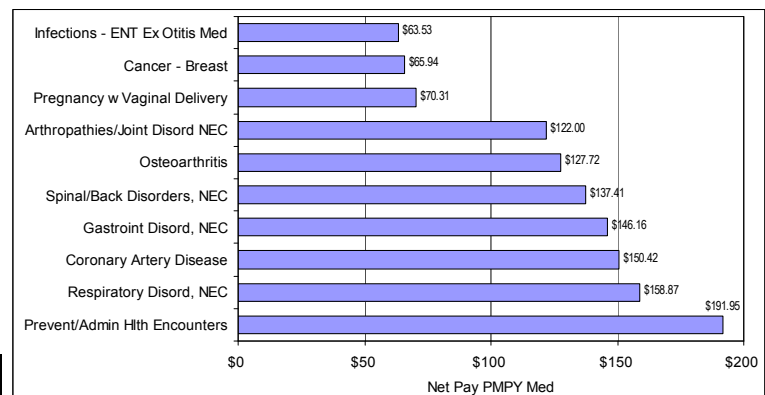
## Cost Drivers Support

Fact	Oct 2006 - Sep 2007	Oct 2007 - Sep 2008	% Change
Allow Amt Per Day Adm Acute	\$2,948.54	\$3,220.29	9.22%
Days Per 1000 Adm Acute	351.73	341.44	-2.92%
Allow Amt Per Visit OP Fac Med	\$700.63	\$780.54	11.41%
Visits Per 1000 OP Fac Med	1,764.15	1,816.13	2.95%
Allow Amt Per Visit Office Med	\$111.88	\$115.63	3.34%
Visits Per 1000 Office Med	8,488.12	8,695.26	2.44%
Allow Amt Per Day Supply Rx	\$2.22	\$2.30	3.39%
Days Supply PMPY Rx	572.48	584.65	2.13%

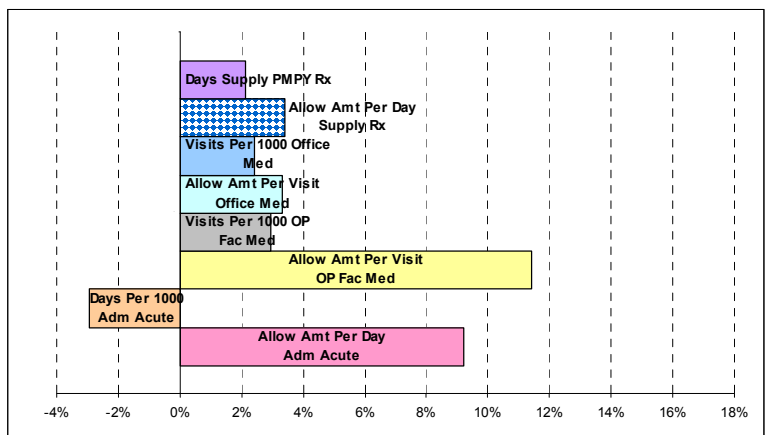
## Prescription Drug Programs

	Fact	Oct 2006 - Sep 2007	Oct 2007 - Sep 2008	% Change
Mail Order	Discount Off AWP % Rx	35.82%	39.00%	8.89%
	Scripts Generic Efficiency Rx	90.87%	90.94%	0.08%
Retail	Discount Off AWP % Rx	36.64%	39.06%	6.60%
	Scripts Generic Efficiency Rx	94.21%	93.50%	-0.75%
Total	Discount Off AWP % Rx	36.53%	39.05%	6.91%
	Scripts Generic Efficiency Rx	94.07%	93.35%	-0.76%
	Scripts Maint Rx % Mail Order	6.25%	8.10%	29.66%

## Top 10 Clinical Conditions



## Cost Drivers—Utilization and Price Trends



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## **Introduction**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

## **Overview**

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

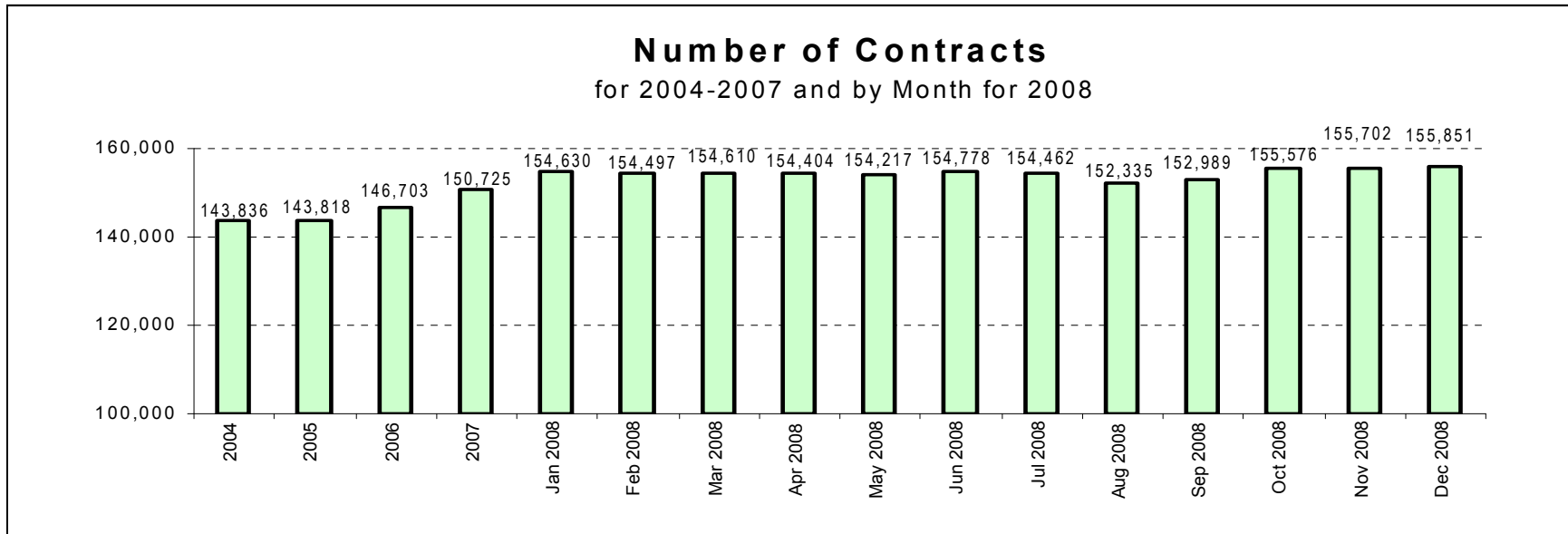
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of **258,809** members as well as **7,973,124** claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

## **Definitions**

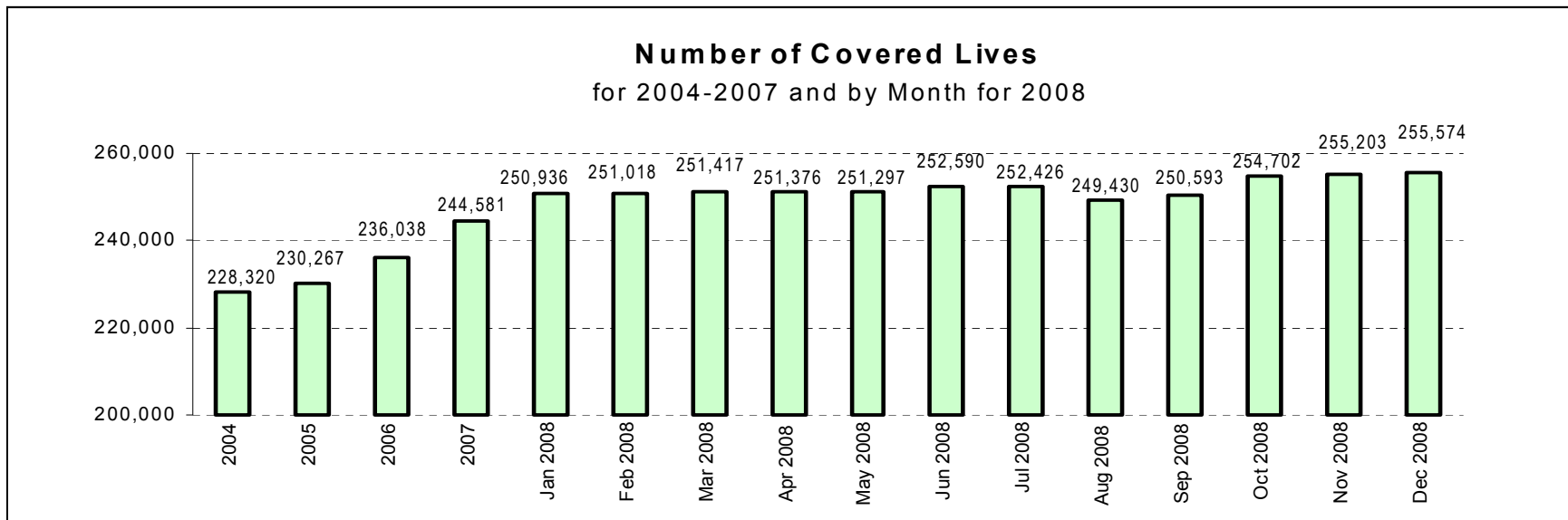
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

## Enrollment

The following chart show planholder enrollment (contracts) for 2004-2007 and monthly year-to-date for 2008. Enrollment will fluctuate on a monthly basis. (Approximately 7,500 cross-referenced spouses in any given month are not included)

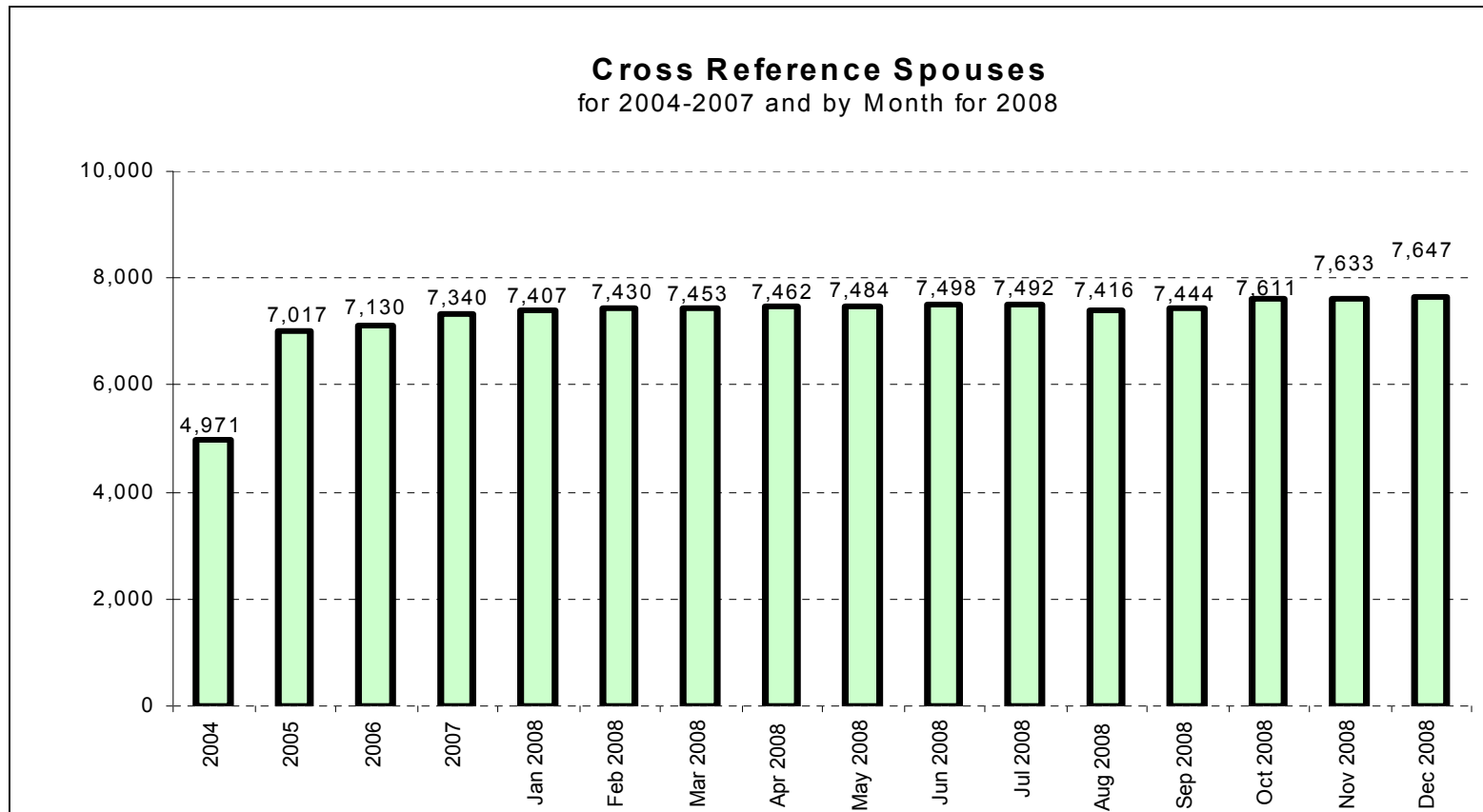


The following chart show member enrollment (covered lives) for 2004-2007 and monthly year-to-date for 2008. Enrollment will fluctuate on a monthly basis.



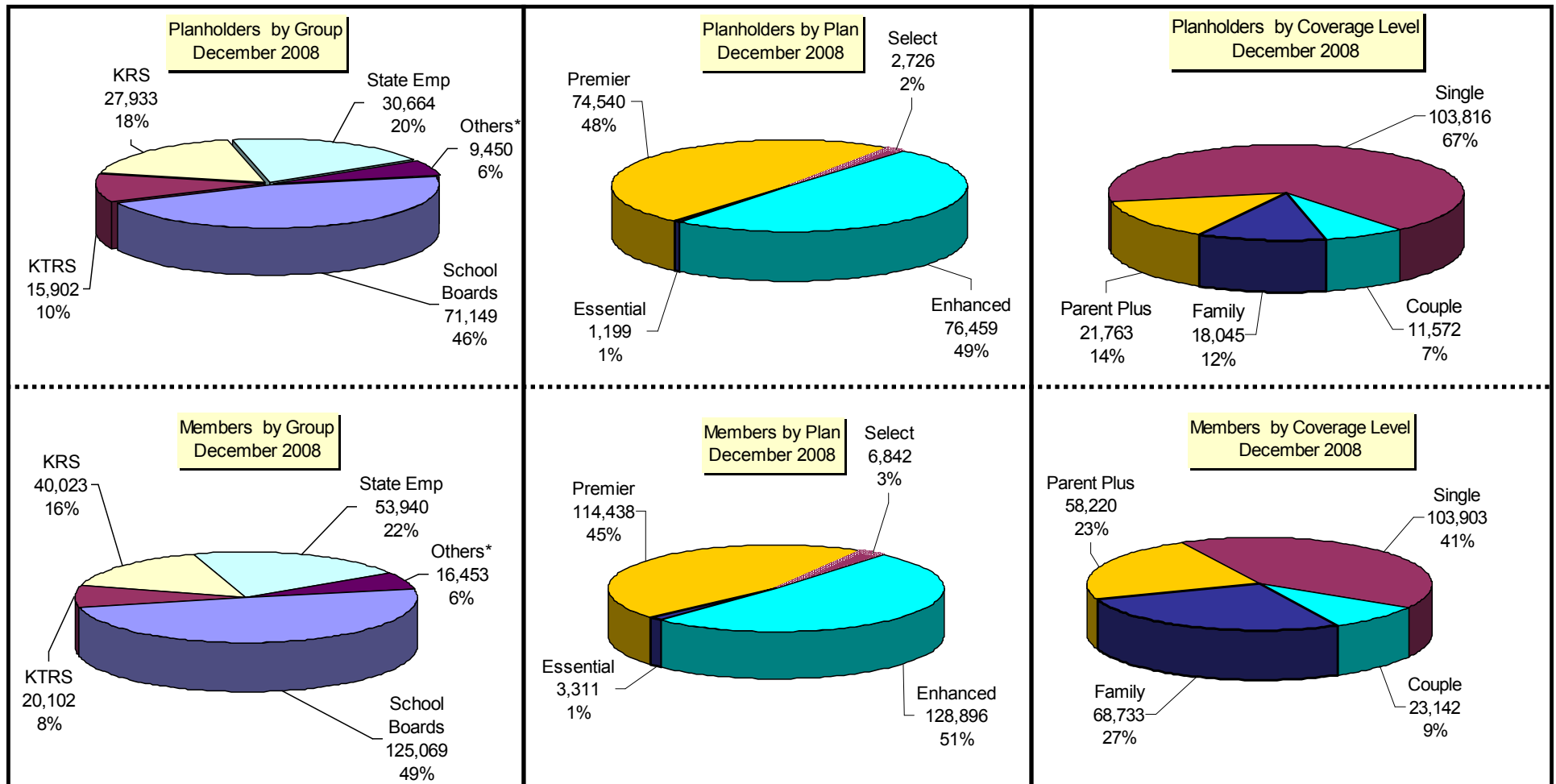
## **Enrollment** *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2007 and monthly year-to-date for 2008. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

The following charts show Planholder and Member enrollment by group, plan, and coverage level.

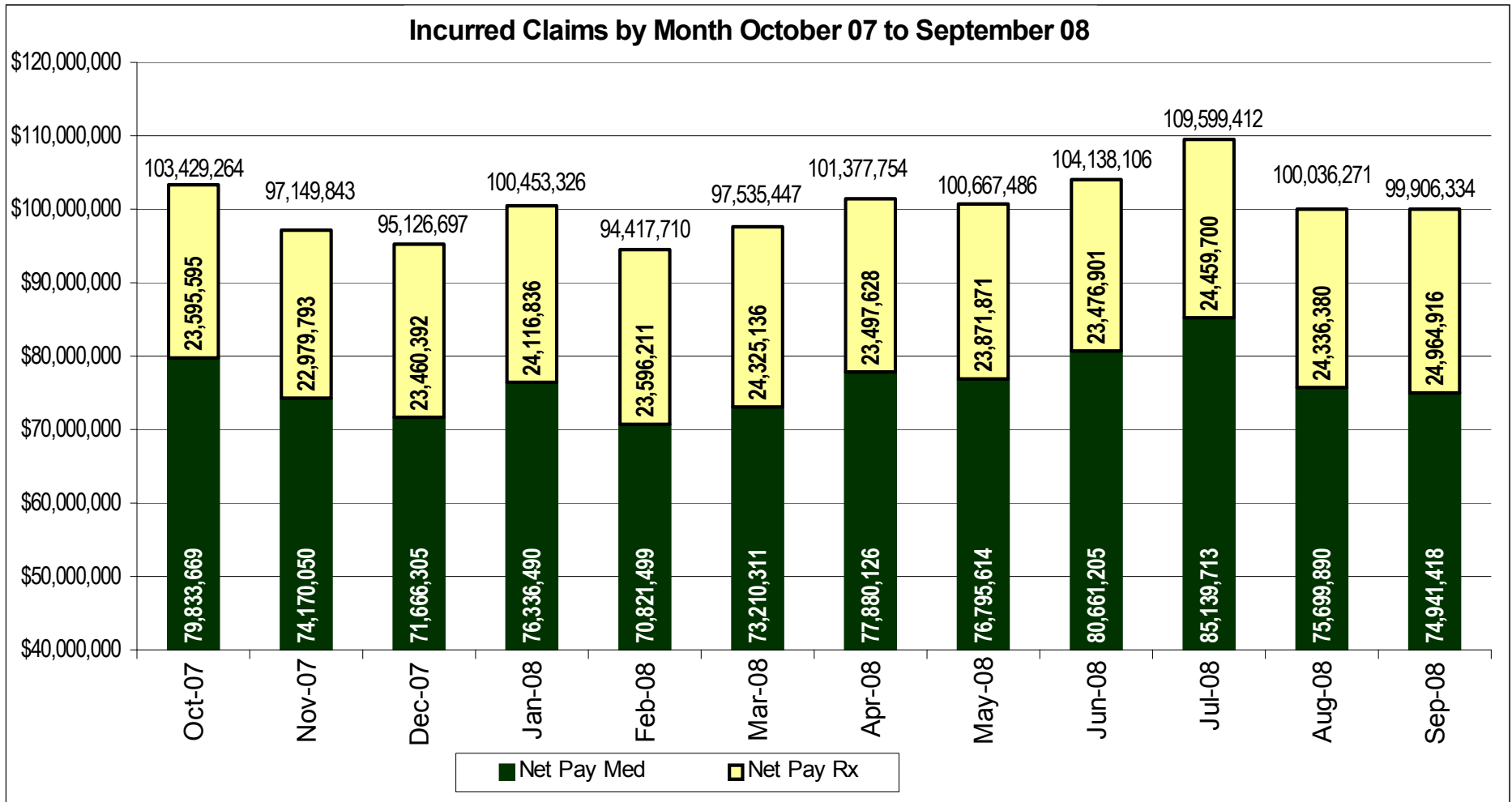


\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).



## Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



## **Claims Costs** *(continued)*

The following tables represent **incurred** claims by **Group** for 2004 - 2007 and monthly year-to-date for 2008.

### **INCURRED MEDICAL CLAIMS (no Rx) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2004	\$246,147,555	\$70,821,610	\$105,467,391	\$123,091,625	\$44,876,807	\$590,404,988
2005	\$258,583,635	\$80,446,325	\$122,103,230	\$127,041,805	\$47,167,061	\$635,349,934
2006	\$307,606,452	\$93,870,966	\$146,891,033	\$151,134,278	\$52,452,822	\$751,988,263
2007	\$363,835,591	\$105,093,898	\$170,265,603	\$160,631,437	\$59,833,888	\$859,697,734
Jan-08	\$31,332,043	\$9,681,806	\$16,257,436	\$13,967,586	\$5,281,124	\$76,530,334
Feb-08	\$30,071,207	\$8,662,029	\$14,186,845	\$12,834,793	\$5,351,462	\$71,111,099
Mar-08	\$31,210,448	\$8,189,944	\$15,099,459	\$13,593,321	\$5,326,324	\$73,421,800
Apr-08	\$32,390,767	\$8,790,876	\$16,133,066	\$15,016,548	\$5,795,918	\$78,158,263
May-08	\$31,677,119	\$8,764,939	\$15,187,703	\$15,381,831	\$6,220,371	\$77,236,538
Jun-08	\$37,465,934	\$8,477,049	\$15,078,994	\$14,299,081	\$5,834,924	\$81,163,455
Jul-08	\$39,136,547	\$9,483,029	\$16,451,368	\$14,928,396	\$5,543,088	\$85,544,124
Aug-08	\$30,251,490	\$8,957,069	\$15,773,384	\$15,360,132	\$5,936,079	\$76,283,407
Sep-08	\$28,893,497	\$8,668,443	\$17,156,252	\$15,052,784	\$5,160,899	\$74,941,418

### **INCURRED Rx CLAIMS (no Med) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,672,276	\$35,018,715	\$53,092,425	\$42,856,533	\$14,477,658	\$238,117,606
2007	\$102,831,138	\$37,887,085	\$61,588,682	\$46,060,135	\$16,146,021	\$264,513,060
Jan-08	\$9,305,369	\$3,428,960	\$5,804,532	\$4,161,721	\$1,471,547	\$24,172,129
Feb-08	\$9,239,864	\$3,280,575	\$5,501,815	\$4,194,213	\$1,422,124	\$23,638,590
Mar-08	\$9,559,512	\$3,365,577	\$5,705,888	\$4,273,217	\$1,474,976	\$24,379,169
Apr-08	\$9,023,082	\$3,289,217	\$5,660,072	\$4,134,647	\$1,438,234	\$23,545,252
May-08	\$9,253,402	\$3,253,888	\$5,601,163	\$4,270,071	\$1,591,984	\$23,970,508
Jun-08	\$9,158,842	\$3,266,054	\$5,610,695	\$4,091,366	\$1,397,041	\$23,523,998
Jul-08	\$9,319,326	\$3,508,580	\$6,060,166	\$4,185,997	\$1,435,438	\$24,509,507
Aug-08	\$9,038,933	\$3,562,126	\$6,051,916	\$4,248,012	\$1,483,858	\$24,384,845
Sep-08	\$9,401,638	\$3,639,904	\$6,257,216	\$4,225,418	\$1,440,739	\$24,964,916

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

**Claims Costs** *(continued)*

The following tables represent **incurred** claims by **Plan** for 2004-2007 and monthly year-to-date for 2008.

**INCURRED MEDICAL CLAIMS (no Rx) by PLAN:**

Time Period	Commonwealth				Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
	Enhanced	Essential	Premiere	Select						
2004	\$252,667	\$96,285	\$420,830	\$0	\$212,909,645	\$40,885,382	\$325,224,613	\$5,524,470	\$5,091,095	\$590,404,987
2005	\$224,106,646	\$5,699,906	\$398,937,012	\$870	\$12,164	\$900	\$179,854	\$70	\$3,206,256	\$632,143,678
2006	\$288,131,487	\$5,396,980	\$450,302,656	\$2,662	\$0	\$0	\$0	\$0	\$4,075,177	\$747,908,961
2007	\$339,069,267	\$5,074,628	\$500,205,492	\$7,127,895	\$0	\$0	\$0	\$0	\$3,948,563	\$855,425,845
Jan-08	\$28,238,679	\$245,801	\$47,089,366	\$575,326	\$0	\$0	\$0	\$0	\$187,317	\$76,336,490
Feb-08	\$28,012,748	\$241,703	\$41,453,179	\$858,137	\$0	\$0	\$0	\$0	\$255,732	\$70,821,499
Mar-08	\$28,619,648	\$447,019	\$43,180,063	\$802,776	\$0	\$0	\$0	\$0	\$160,805	\$73,210,311
Apr-08	\$31,322,949	\$390,782	\$45,098,898	\$815,323	\$0	\$0	\$0	\$0	\$252,175	\$77,880,126
May-08	\$29,555,381	\$515,706	\$45,707,569	\$683,387	\$0	\$0	\$0	\$0	\$333,571	\$76,795,614
Jun-08	\$32,248,194	\$507,151	\$46,082,268	\$1,331,644	\$0	\$0	\$0	\$0	\$491,947	\$80,661,205
Jul-08	\$34,286,258	\$536,964	\$48,839,310	\$1,040,409	\$0	\$0	\$0	\$0	\$436,771	\$85,139,713
Aug-08	\$30,455,518	\$428,022	\$43,253,998	\$958,079	\$0	\$0	\$0	\$0	\$604,273	\$75,699,890
Sep-08	\$29,650,890	\$552,437	\$43,590,162	\$885,188	\$0	\$0	\$0	\$0	\$262,741	\$74,941,418

**INCURRED Rx CLAIMS (no Med) by PLAN:**

Time Period	Commonwealth				Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
	Enhanced	Essential	Premiere	Select						
2004	\$53,616	\$2,484	\$77,187	\$0	\$58,944,733	\$13,448,392	\$94,468,015	\$678,460	\$824,066	\$168,496,953
2005	\$64,819,889	\$1,342,728	\$115,935,306	\$0	\$12,237	\$3,874	\$21,588	\$496	\$689,213	\$182,825,330
2006	\$86,176,425	\$1,164,651	\$148,805,193	\$0	\$0	\$0	\$0	\$0	\$982,870	\$237,129,139
2007	\$98,802,131	\$967,665	\$162,089,337	\$1,412,316	\$0	\$0	\$0	\$0	\$553,795	\$263,825,244
Jan-08	\$9,146,844	\$74,545	\$14,818,133	\$26,926	\$0	\$0	\$0	\$0	\$50,387	\$24,116,836
Feb-08	\$9,056,034	\$80,136	\$14,370,706	\$49,705	\$0	\$0	\$0	\$0	\$39,631	\$23,596,211
Mar-08	\$9,349,203	\$77,497	\$14,766,597	\$82,349	\$0	\$0	\$0	\$0	\$49,491	\$24,325,136
Apr-08	\$8,982,411	\$77,292	\$14,257,696	\$136,390	\$0	\$0	\$0	\$0	\$43,839	\$23,497,628
May-08	\$9,133,710	\$73,696	\$14,482,366	\$136,566	\$0	\$0	\$0	\$0	\$45,534	\$23,871,871
Jun-08	\$8,897,418	\$71,766	\$14,318,992	\$145,658	\$0	\$0	\$0	\$0	\$43,066	\$23,476,901
Jul-08	\$9,285,549	\$78,035	\$14,867,146	\$175,550	\$0	\$0	\$0	\$0	\$53,419	\$24,459,700
Aug-08	\$9,310,602	\$79,020	\$14,719,781	\$180,469	\$0	\$0	\$0	\$0	\$46,508	\$24,336,380
Sep-08	\$9,551,362	\$77,861	\$15,090,205	\$201,775	\$0	\$0	\$0	\$0	\$43,714	\$24,964,916

HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO = PPO Option A plus PPO Option B

\*Missing means the claims could not be tagged to a specific plan.

**Claims Costs** *(continued)*

The following represents **incurred medical claims only** (does not include Rx) by **Coverage Level** for 2004-2007 and monthly year-to-date for 2008.

**INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:**

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,852,199	\$142,610,956	\$104,472,717	\$390,897,912	\$4,075,177	\$747,908,961
2007	\$124,025,990	\$160,633,683	\$118,471,697	\$448,345,912	\$3,948,563	\$855,425,845
Jan-08	\$11,508,148	\$13,772,226	\$10,537,028	\$40,331,771	\$187,317	\$76,336,490
Feb-08	\$10,111,753	\$13,496,450	\$10,325,029	\$36,632,535	\$255,732	\$70,821,499
Mar-08	\$10,823,926	\$13,556,272	\$10,044,312	\$38,624,996	\$160,805	\$73,210,311
Apr-08	\$11,743,310	\$14,600,969	\$11,019,802	\$40,263,871	\$252,175	\$77,880,126
May-08	\$11,488,642	\$14,491,268	\$11,314,864	\$39,167,270	\$333,571	\$76,795,614
Jun-08	\$11,647,183	\$15,056,769	\$11,347,361	\$42,117,945	\$491,947	\$80,661,205
Jul-08	\$11,747,072	\$15,592,874	\$12,201,055	\$45,161,940	\$436,771	\$85,139,713
Aug-08	\$11,695,686	\$14,466,210	\$11,244,146	\$37,689,575	\$604,273	\$75,699,890
Sep-08	\$10,884,098	\$14,264,827	\$10,636,225	\$38,893,527	\$262,741	\$74,941,418

The following represents **incurred Rx claims only** (does not include medical) by **Coverage Level** for 2004-2007 and monthly year-to-date for 2008.

**INCURRED Rx CLAIMS (no Med) by Coverage Level:**

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,229,824	\$43,804,794	\$25,948,418	\$128,163,419	\$982,685	\$237,129,139
2007	\$42,591,895	\$49,321,486	\$29,724,212	\$141,633,883	\$553,769	\$263,825,244
Jan-08	\$3,935,232	\$4,410,727	\$2,781,021	\$12,939,469	\$50,387	\$24,116,836
Feb-08	\$3,836,068	\$4,369,671	\$2,854,635	\$12,496,207	\$39,631	\$23,596,211
Mar-08	\$3,910,751	\$4,468,310	\$2,846,376	\$13,050,208	\$49,491	\$24,325,136
Apr-08	\$3,831,820	\$4,238,491	\$2,788,923	\$12,594,555	\$43,839	\$23,497,628
May-08	\$3,900,490	\$4,298,509	\$2,668,754	\$12,958,584	\$45,534	\$23,871,871
Jun-08	\$3,872,307	\$4,254,855	\$2,575,788	\$12,730,885	\$43,066	\$23,476,901
Jul-08	\$4,004,230	\$4,403,989	\$2,740,547	\$13,257,514	\$53,419	\$24,459,700
Aug-08	\$3,968,002	\$4,408,846	\$2,820,230	\$13,092,793	\$46,508	\$24,336,380
Sep-08	\$4,087,008	\$4,579,203	\$2,825,176	\$13,429,815	\$43,714	\$24,964,916

\*Unable to tag claims to a specific coverage level

## Medical Claims Utilization

The following is based on medical claims\* (does not include Rx) incurred from January 08 through September 2008.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Enhanced	71.24	74.93	-4.92%	3.65	3.88	-6.04%	259.8	303.03	-14.27%
Essential	58.17	63.36	-8.20%	3.44	4.30	-20.08%	200.02	258.45	-22.61%
Premier	105.27	81.23	29.59%	4.11	4.19	-1.90%	433.11	349.05	24.08%
Select	58.11	62.99	-7.74%	3.80	3.92	-3.16%	220.88	244.56	-9.68%
<b>Total</b>	<b>73.20</b>	<b>70.63</b>	<b>3.64%</b>	<b>3.75</b>	<b>4.07</b>	<b>-7.92%</b>	<b>278.45</b>	<b>288.77</b>	<b>-3.57%</b>

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Enhanced	7,774.63	7,059.95	10.12%	209.36	203.45	2.90%
Essential	3,837.22	6,364.08	-39.71%	227.22	201.14	12.97%
Premier	10,015.23	7,827.87	27.94%	251.66	201.47	24.91%
Select	5,434.96	6,190.20	-12.20%	154.55	201.96	-23.47%
<b>Total</b>	<b>6,765.51</b>	<b>6,860.53</b>	<b>-3.46%</b>	<b>210.70</b>	<b>202.01</b>	<b>4.33%</b>

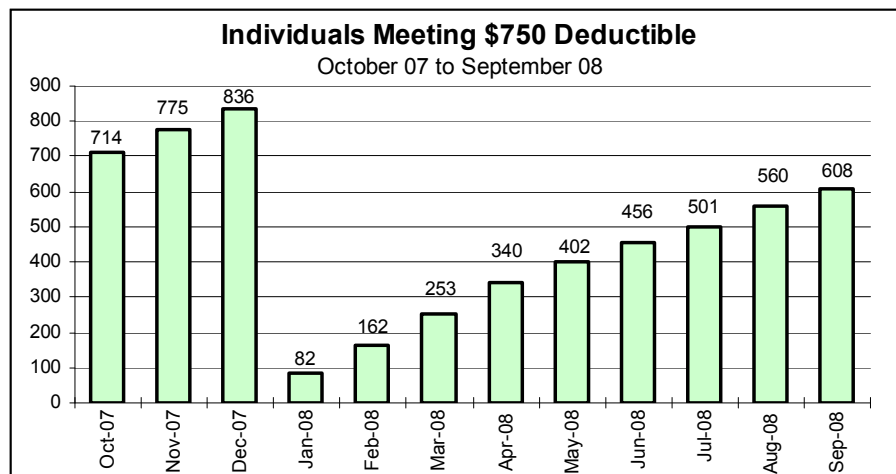
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Enhanced	7,713.77	6,138.87	25.65%	2,690.42	2,065.15	30.28%
Essential	4,744.85	5,305.01	-10.56%	1,496.39	1,713.35	-12.66%
Premier	10,713.23	7,060.65	51.73%	3,810.08	2,508.87	51.86%
Select	5,209.88	4,972.78	4.77%	1,753.33	1,574.60	11.35%
<b>Total</b>	<b>7,095.43</b>	<b>5,869.33</b>	<b>17.90%</b>	<b>2,437.56</b>	<b>1,965.49</b>	<b>20.21%</b>

\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

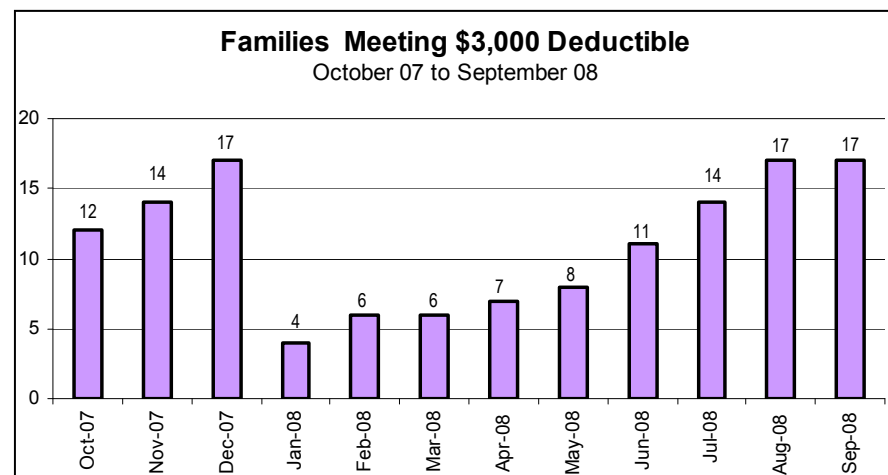
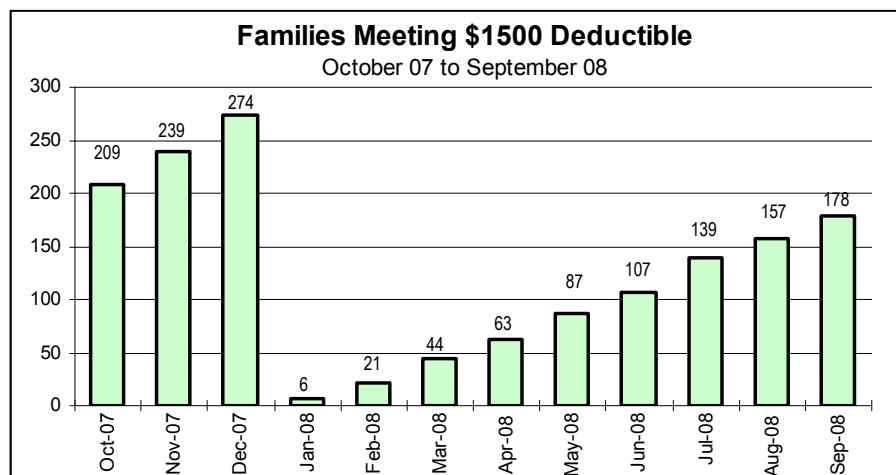
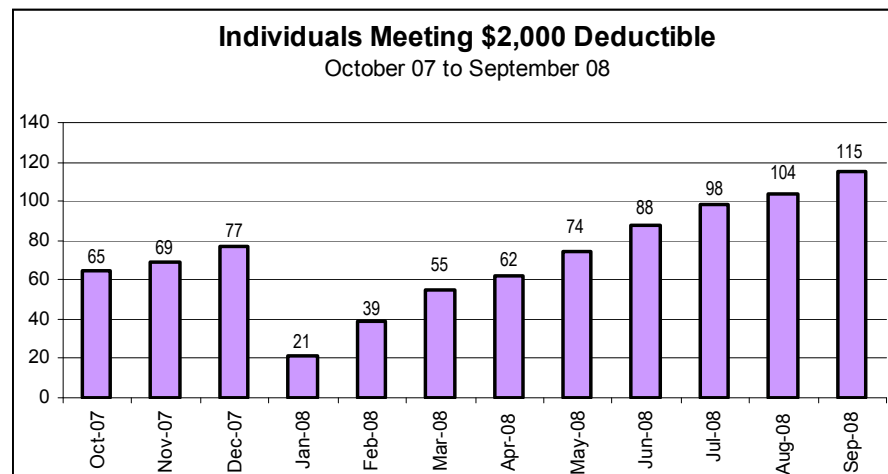
## Analysis of Individuals and Families Meeting Their Deductibles

The following details the number of individuals and families by plan that met their deductible for the most recent rolling year. This report is based on incurred claims.

### Commonwealth Essential



### Commonwealth Select



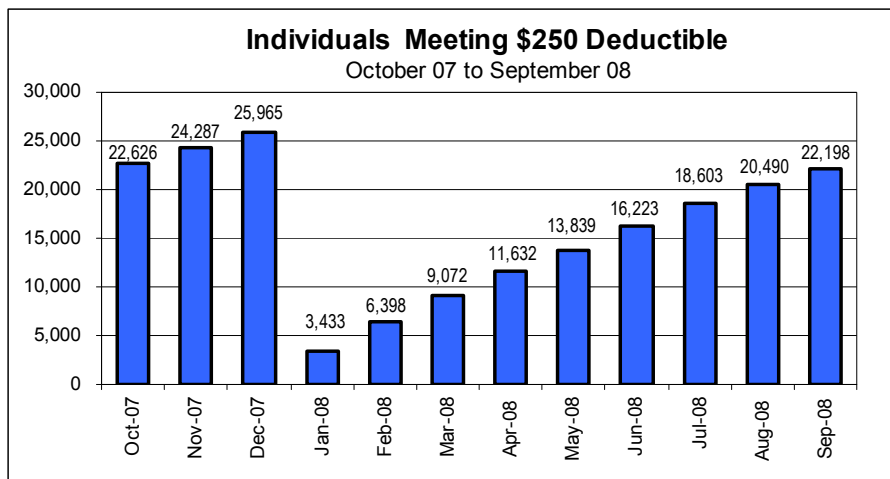
Individuals and Families in Essential Plan			
2005:	<b>18.63%</b>	of Individuals and	<b>11.45%</b> of Families met their Deductibles.
2006:	<b>22.14%</b>	of Individuals and	<b>16.35%</b> of Families met their Deductibles.
2007	<b>22.41%</b>	of Individuals and	<b>17.39%</b> of Families met their Deductibles.
In 2008:	<b>19.08%</b>	of Individuals and	<b>13.85%</b> of Families met their Deductibles.

Individuals and Families in Select Plan			
2007:	<b>1.71%</b>	of Individuals and	<b>0.78%</b> of Families met their Deductibles.
In 2008:	<b>1.82%</b>	of Individuals and	<b>0.63%</b> of Families met their Deductibles.
<i>Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.</i>			

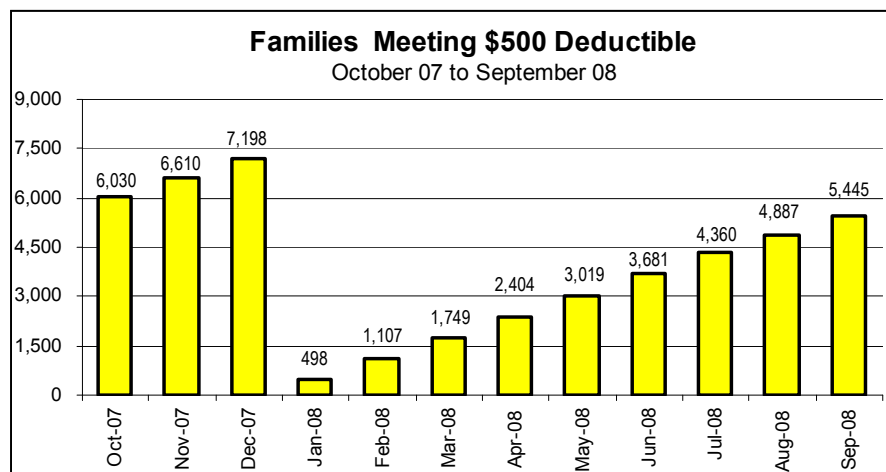
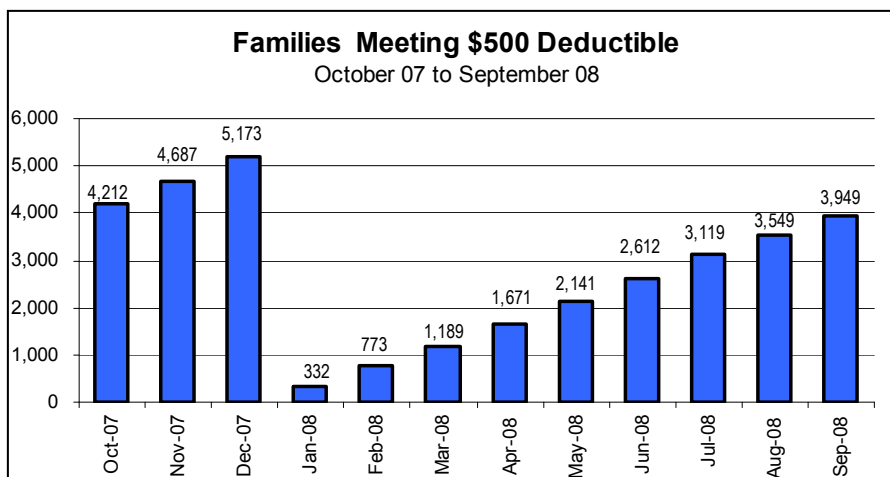
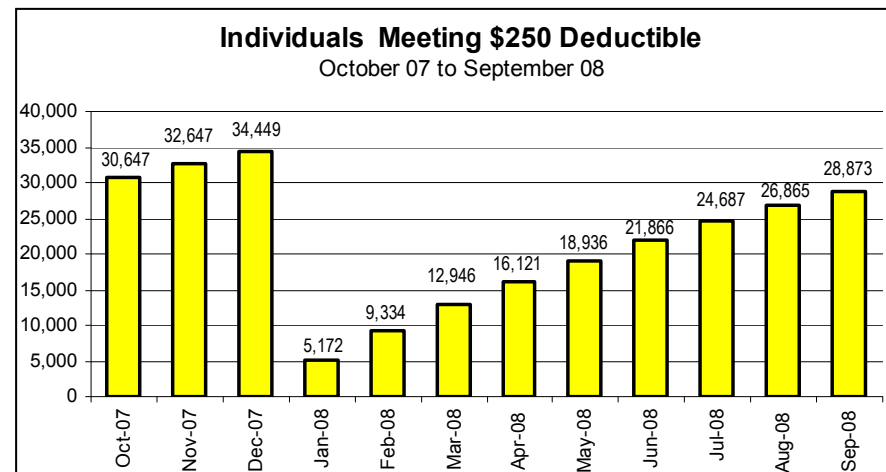
## **Analysis of Individuals and Families Meeting Their Deductibles** *(continued)*

The following details the number of individuals and families by plan that met their deductible for the most recent rolling year. This report is based on incurred claims.

### **Commonwealth Enhanced**



### **Commonwealth Premier**



#### **Individuals and Families In Enhanced Plan**

2005:	<b>19.36%</b>	of Individuals and	<b>4.59%</b>	of Families met their Deductibles.
2006:	<b>21.52%</b>	of Individuals and	<b>7.23%</b>	of Families met their Deductibles.
2007:	<b>21.34%</b>	of Individuals and	<b>6.43%</b>	of Families met their Deductibles.
In 2008:	<b>17.55%</b>	of Individuals and	<b>4.98%</b>	of Families met their Deductibles.

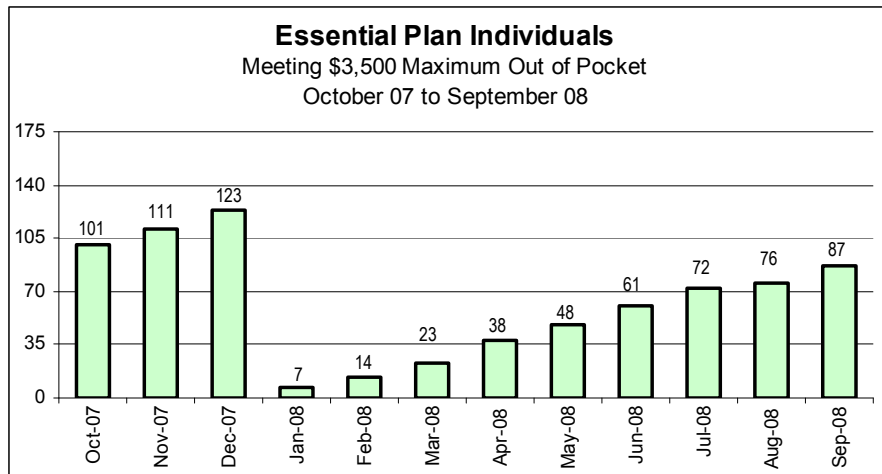
#### **Individuals and Families In Premier Plan**

2005:	<b>27.80%</b>	of Individuals and	<b>6.65%</b>	of Families met their Deductibles.
2006:	<b>30.15%</b>	of Individuals and	<b>9.95%</b>	of Families met their Deductibles.
2007:	<b>30.05%</b>	of Individuals and	<b>8.88%</b>	of Families met their Deductibles.
In 2008:	<b>25.07%</b>	of Individuals and	<b>6.90%</b>	of Families met their Deductibles.

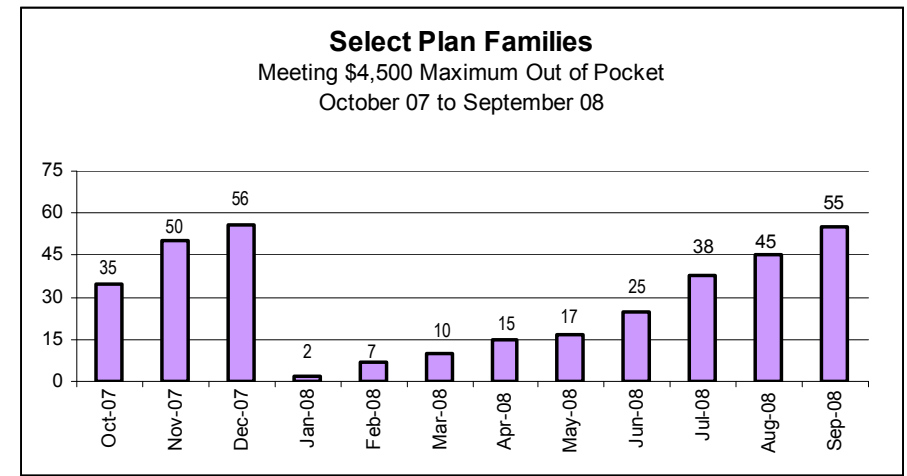
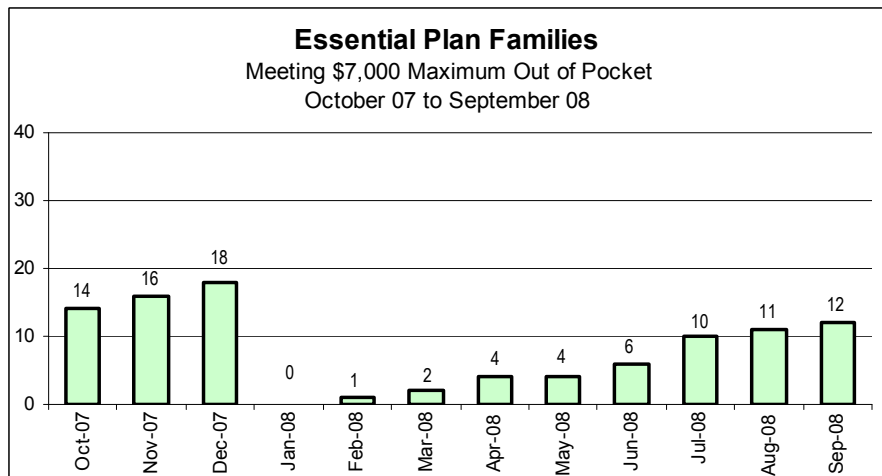
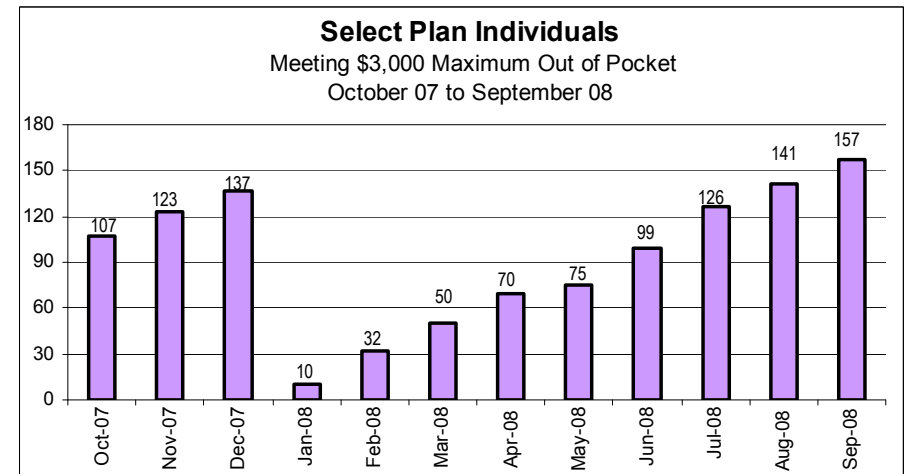
## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses

The following details the number of individuals and families by plan that met their maximum out of pocket expenses for the most recent rolling year. This report is based on incurred claims.

### Commonwealth Essential



### Commonwealth Select



Individuals and Families in Essential Plan			
2005:	1.14%	of Individuals and	0.22% of Families met their MOPs.
2006:	2.96%	of Individuals and	1.08% of Families met their MOPs.
2007:	3.30%	of Individuals and	1.14% of Families met their MOPs.
In 2008:	2.73%	of Individuals and	1.03% of Families met their MOPs.

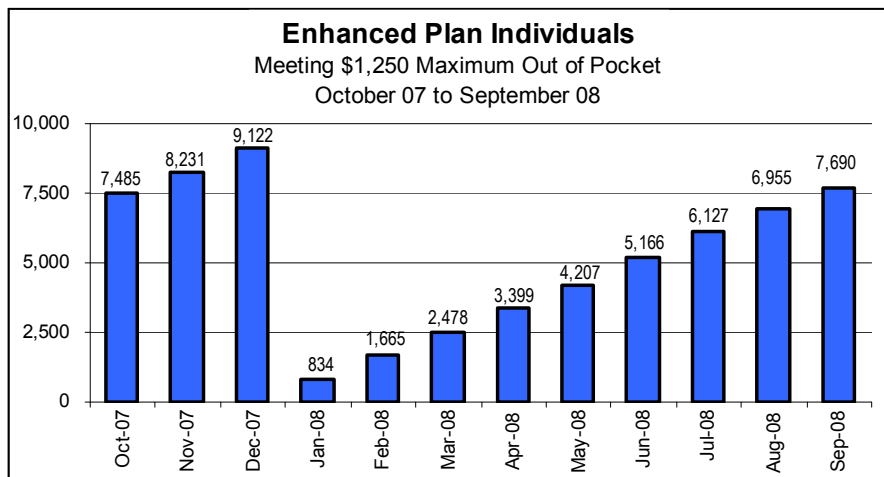
Individuals and Families in Select Plan			
2007:	3.03%	of Individuals and	2.561% Of Families met their MOPs.
In 2008:	2.48%	of Individuals and	2.03% Of Families met their MOPs.
Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.			



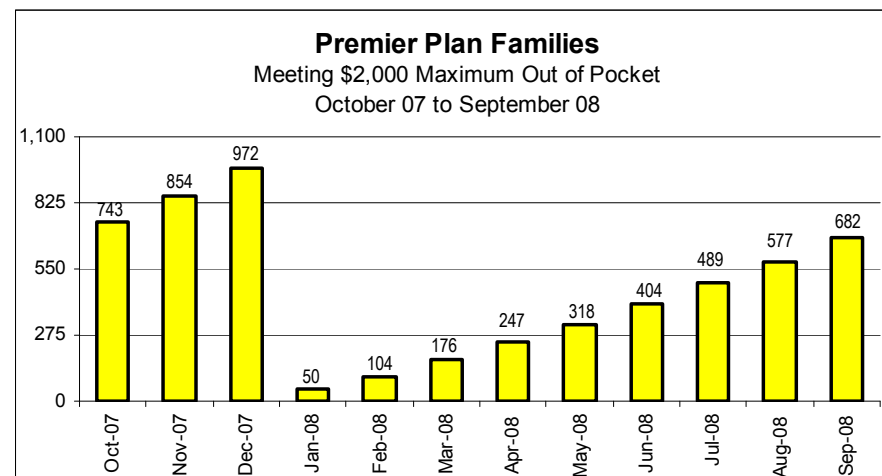
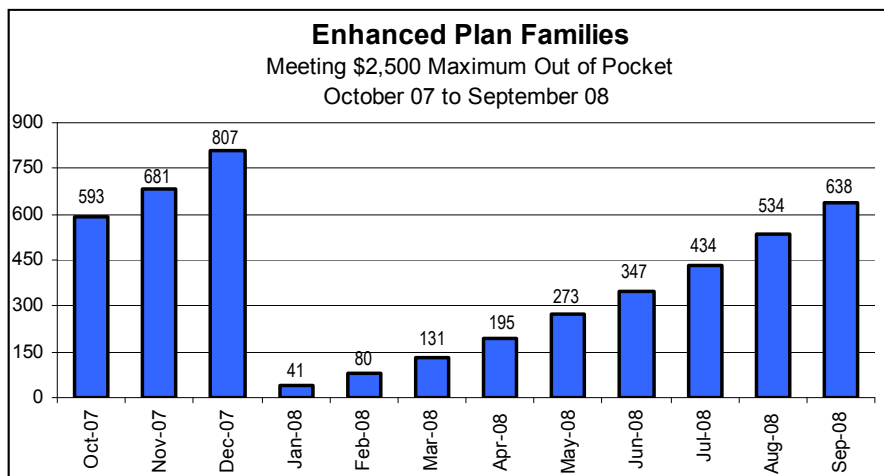
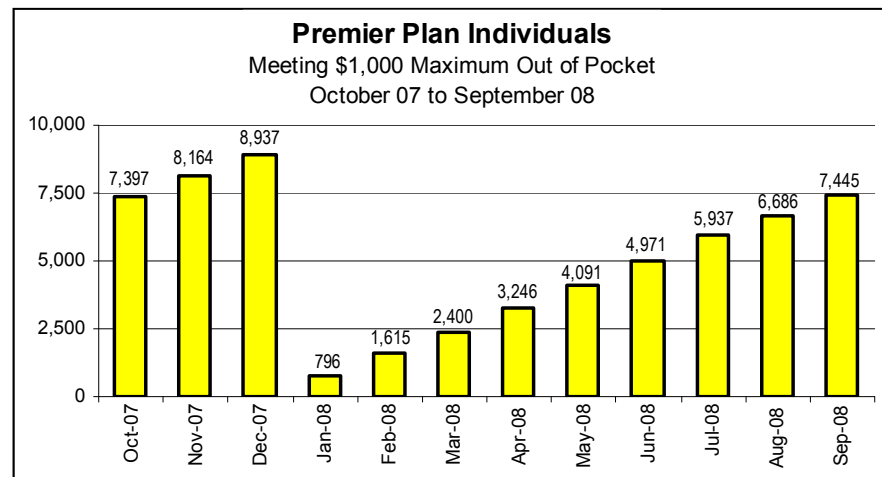
## **Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses** *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket expenses for the most recent rolling year. This report is based on incurred claims.

### **Commonwealth Enhanced**



### **Commonwealth Premier**



Individuals and Families In Enhanced Plan			
2005:	<b>3.34%</b>	of Individuals and	<b>0.31%</b> of Families met their MOPs.
2006:	<b>5.80%</b>	of Individuals and	<b>0.94%</b> of Families met their MOPs.
2007:	<b>7.50%</b>	of Individuals and	<b>1.00%</b> of Families met their MOPs.
In 2008:	<b>6.08%</b>	of Individuals and	<b>0.80%</b> of Families met their MOPs.

Individuals and Families In Premier Plan			
2005:	<b>3.38%</b>	of Individuals and	<b>0.53%</b> of Families met their MOPs.
2006:	<b>6.70%</b>	of Individuals and	<b>1.17%</b> of Families met their MOPs.
2007:	<b>7.79%</b>	of Individuals and	<b>1.20%</b> of Families met their MOPs.
In 2008:	<b>6.46%</b>	of Individuals and	<b>0.86%</b> of Families met their MOPs.

**Premium (or Premium Equivalent)**

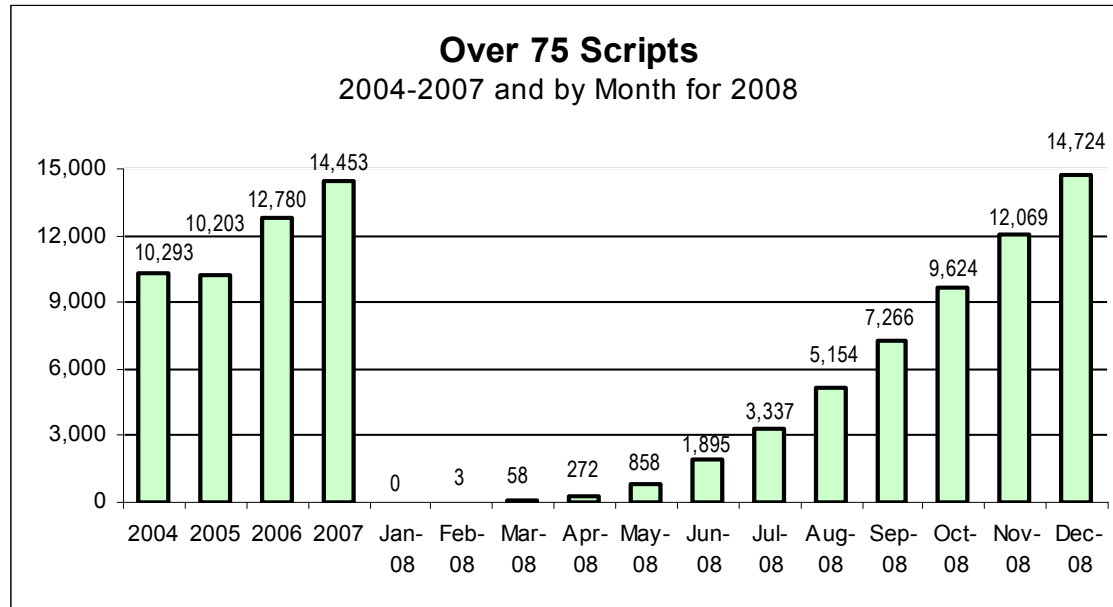
The following details the amount of premium\* (or premium equivalent) paid by the employee and employer for 2004-2007 and monthly through 2008.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
Jan-08	\$15,092,722	\$88,061,087	\$103,153,809
Feb-08	\$15,073,401	\$88,006,309	\$103,079,710
Mar-08	\$15,067,949	\$88,076,506	\$103,144,455
Apr-08	\$15,056,792	\$87,975,881	\$103,032,673
May-08	\$15,057,461	\$87,904,485	\$102,961,946
Jun-08	\$15,219,047	\$88,292,975	\$103,512,021
Jul-08	\$15,254,319	\$88,089,572	\$103,343,891
Aug-08	\$15,035,164	\$87,052,926	\$102,088,089
Sep-08	\$15,111,540	\$87,366,497	\$102,478,037
Oct-08	\$15,309,042	\$88,780,081	\$104,089,123
Nov-08	\$15,326,848	\$88,873,518	\$104,200,366
Dec-08	\$12,494,410	\$71,094,626	\$83,589,037

*\*Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## **Prescription Drug Utilization**

The following details the number of families that have purchased 75 scripts or more during 2004-2007 and by month for 2008. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2008:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	133,106	3,249,858	16.63	\$52.28	\$169,905,478.94
over 75	14,724	1,629,857	56.45	\$63.37	\$103,276,832.61
Total	147,830	4,879,715	21.75	\$55.98	\$273,182,311.55

**Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jan-08	300,336	20,957	150,653	13,260	485,206	61.90%	93.48%
Feb-08	259,506	17,181	126,979	14,609	418,275	62.04%	93.79%
Mar-08	257,918	18,029	121,661	9,936	407,544	63.29%	93.47%
Apr-08	308,246	22,173	144,192	12,254	486,865	63.31%	93.29%
May-08	238,660	17,162	110,781	8,841	375,444	63.57%	93.29%
Jun-08	249,260	18,512	116,349	9,395	393,516	63.34%	93.09%
Jul-08	295,410	22,358	136,098	11,396	465,262	63.49%	92.96%
Aug-08	237,687	17,092	109,759	9,668	374,206	63.52%	93.29%
Sep-08	307,694	21,838	140,468	12,826	482,826	63.73%	93.37%
Oct-08	250,623	16,176	113,160	10,843	390,802	64.13%	93.94%
Nov-08	262,869	16,907	117,154	11,722	408,652	64.33%	93.96%
Dec-08	317,262	20,575	140,825	15,528	494,190	64.20%	93.91%

*\*Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

## **Prescription Drug Utilization**

The following details the number of members and patients **utilizing prescription benefits** and the associated costs for the most recent rolling year. Based on Incurred Claims.

<b>Month</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script</b>	<b>Patient Cost Per Script</b>
Oct-07	247,352	162,636	431,300	1.74	3.16	\$64.77	\$54.71	\$17.35	\$26.39
Nov-07	248,216	161,538	422,413	1.70	3.10	\$64.20	\$54.40	\$16.51	\$25.36
Dec-07	249,079	158,526	430,602	1.72	3.12	\$64.15	\$54.48	\$16.54	\$25.99
Jan-08	250,257	162,706	440,220	1.75	3.15	\$65.20	\$54.78	\$17.51	\$26.93
Feb-08	250,321	164,885	437,088	1.74	3.06	\$64.10	\$53.99	\$16.94	\$25.71
Mar-08	250,753	163,730	441,504	1.76	3.12	\$65.10	\$55.10	\$16.98	\$26.00
Apr-08	250,726	159,806	417,072	1.66	3.06	\$66.27	\$56.34	\$16.07	\$25.21
May-08	250,638	159,482	425,358	1.69	3.12	\$65.97	\$56.12	\$16.35	\$25.70
Jun-08	251,013	157,773	407,502	1.61	3.07	\$67.42	\$57.61	\$15.62	\$24.85
Jul-08	250,723	160,032	415,521	1.65	3.13	\$68.59	\$58.87	\$15.85	\$24.83
Aug-08	247,839	157,812	408,011	1.64	3.07	\$69.26	\$59.65	\$15.60	\$24.50
Sep-08	248,988	158,620	418,769	1.67	3.10	\$69.11	\$59.62	\$15.75	\$24.73

*\*"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

## **Prescription Drug Utilization**

The following Top 25 Drug Analysis is based on Rx claims incurred January through September 2008

<b>Rank</b>	<b>Prev Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Classes</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	NEXIUM	Single Source Brand	Gastrointestinal Drugs	\$6,669,357	3.08%	43,713	\$4.66	6,981
2	2	SINGULAIR	Single Source Brand	Unclassified Agents	\$4,972,010	2.29%	60,168	\$2.73	12,311
3	3	ENBREL	Single Source Brand	Unclassified Agents	\$4,189,521	1.93%	2,385	\$56.83	399
4	4	CRESTOR	Single Source Brand	Cardiovascular Agents	\$4,188,411	1.93%	26,930	\$4.87	4,427
5	5	EFFEXOR-XR	Single Source Brand	Central Nervous System	\$4,043,090	1.87%	49,720	\$2.49	8,206
6	6	PREVACID	Single Source Brand	Gastrointestinal Drugs	\$4,015,436	1.85%	31,044	\$4.09	4,910
7	7	TOPAMAX	Single Source Brand	Central Nervous System	\$3,902,256	1.80%	45,572	\$2.44	7,569
8	8	PLAVIX	Single Source Brand	Blood Form/Coagul Agents	\$3,378,757	1.56%	16,158	\$7.26	3,084
9	9	HUMIRA	Single Source Brand	Immunosuppressants	\$3,297,523	1.52%	18,387	\$4.95	3,175
10	10	CYMBALTA	Single Source Brand	Central Nervous System	\$3,225,365	1.49%	24,852	\$3.63	4,028
11	11	ACTOS	Single Source Brand	Hormones & Synthetic Subst	\$3,055,484	1.41%	1,533	\$54.94	272
12	12	VYTORIN	Single Source Brand	Cardiovascular Agents	\$2,883,946	1.33%	22,423	\$3.94	4,103
13	13	PANTOPRAZOLE SODIUM	Single Source Brand	Gastrointestinal Drugs	\$2,551,283	1.18%	38,121	\$2.21	6,754
14	14	LIPITOR	Single Source Brand	Cardiovascular Agents	\$2,485,088	1.15%	22,000	\$3.28	3,682
15	15	LEXAPRO	Single Source Brand	Central Nervous System	\$2,436,586	1.12%	61,533	\$1.22	18,061
16	16	TRICOR	Single Source Brand	Cardiovascular Agents	\$2,269,783	1.05%	24,094	\$2.72	4,019
17	17	LEVAQUIN	Single Source Brand	Anti-Infective Agents	\$2,019,377	0.93%	26,225	\$2.34	4,642
18	18	VALTREX	Single Source Brand	Anti-Infective Agents	\$1,926,342	0.89%	22,991	\$2.55	4,026
19	21	COPAXONE	Single Source Brand	Unclassified Agents	\$1,853,834	0.86%	13,564	\$4.39	2,584
20	20	CELEBREX	Single Source Brand	Central Nervous System	\$1,822,653	0.84%	21,655	\$10.85	16,042
21	22	IMITREX	Single Source Brand	Autonomic Drugs	\$1,763,074	0.81%	8,586	\$7.20	1,433
22	23	ADVAIR DISKUS 250/50	Single Source Brand	Hormones & Synthetic Subst	\$1,709,867	0.79%	11,228	\$5.29	3,442
23	19	LAMICTAL	Single Source Brand	Central Nervous System	\$1,701,971	0.79%	10,117	\$13.40	2,808
24	25	OMEPRAZOLE	Single Source Brand	Gastrointestinal Drugs	\$1,663,911	0.77%	14,569	\$3.65	2,925
25	24	ZETIA	Single Source Brand	Cardiovascular Agents	\$1,616,291	0.75%	48,834	\$1.22	13,168

\*"Product Name" includes all strengths/formulations of a drug

### **Prescription Drug Utilization**

In summary, the top 25 drugs represent 13.73% of total scripts and 33.99% of total Rx expenditures..

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$73,641,219	523,385	17,751,398
All Product Names	\$216,645,579	3,811,045	109,875,661
Top Drugs as Pct of All Drugs	33.99%	13.73%	16.16%

## Utilization

The top 25 clinical conditions based on incurred claims for January through September 2008.

Rank	Prev Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$44,514,288	\$6,930,419	\$37,282,576	2.73	8.22	389.99	13.69	67,871	\$655.87
2	2	Prevent/Admin Hlth Encounters	\$36,049,928	\$230,024	\$35,766,423	0.07	4.54	707.05	1.19	116,579	\$309.23
3	3	Respiratory Disord, NEC	\$30,785,379	\$7,689,499	\$23,071,075	2.74	2.87	124.67	18.43	25,182	\$1,222.52
4	4	Coronary Artery Disease	\$29,150,570	\$18,005,120	\$11,141,146	4.7	3.41	67.36	2.62	7,603	\$3,834.09
5	5	Gastroint Disord, NEC	\$27,609,342	\$5,752,058	\$21,847,455	2.23	4.34	160.42	17.22	29,567	\$933.79
6	6	Spinal/Back Disorders, NEC	\$25,530,264	\$5,340,868	\$20,180,676	1.27	2.58	702.38	4.96	29,997	\$851.09
7	7	Osteoarthritis	\$23,757,020	\$14,825,459	\$8,895,000	3.78	3.09	202.67	0.45	16,533	\$1,436.95
8	8	Arthropathies/Joint Disord NEC	\$23,293,148	\$1,778,001	\$21,453,417	0.57	3.26	804.37	6.91	50,768	\$458.82
9	9	Pregnancy w Vaginal Delivery	\$13,835,064	\$13,765,153	\$69,910	6.57	2.47	0.4	0.02	2,176	\$6,358.03
10	10	Cancer - Breast	\$12,105,855	\$620,603	\$11,482,091	0.43	3.17	49.17	0.04	2,308	\$5,245.17
11	12	Renal Function Failure	\$11,776,056	\$1,751,319	\$9,841,224	0.5	4.87	15.08	0.46	1,783	\$6,604.63
12	11	Infections - ENT Ex Otitis Med	\$11,631,475	\$408,576	\$11,219,306	0.42	2.48	579.43	9.57	74,206	\$156.75
13	13	Condition Rel to Tx - Med/Surg	\$10,730,739	\$7,627,228	\$3,097,868	2.34	5.73	8.24	2.1	2,497	\$4,297.45
14	15	Chemotherapy Encounters	\$10,669,931	\$1,365,292	\$9,304,229	0.35	6.05	1.82	0.03	376	\$28,377.48
15	16	Newborns, w/wo Complication	\$9,960,170	\$9,547,885	\$412,285	9.91	3.37	5.05	0.13	2,439	\$4,083.71
16	14	Cholecystitis/Cholelithiasis	\$9,899,982	\$2,557,212	\$7,342,769	1.31	3.38	7.59	1.49	2,148	\$4,608.93
17	17	Infec/Inflam - Skin/Subcu Tiss	\$9,418,479	\$2,352,023	\$7,036,793	1.38	4.16	280.02	5.7	37,495	\$251.19
18	18	Hernia/Reflux Esophagitis	\$8,796,174	\$2,217,458	\$6,578,075	0.83	4.05	54.68	1.33	10,336	\$851.02
19	19	ENT Disorders, NEC	\$8,635,030	\$131,948	\$8,502,079	0.1	2.63	700.64	3.01	33,218	\$259.95
20	20	Gynecological Disord, NEC	\$8,252,981	\$1,067,847	\$7,185,061	0.61	2.22	82.98	1.38	16,592	\$497.41
21	21	Hypertension, Essential	\$8,157,512	\$1,278,851	\$6,872,797	0.5	3.48	321.74	1.68	41,528	\$196.43
22	22	Urinary Tract Calculus	\$7,896,008	\$1,201,338	\$6,694,555	0.92	2.38	17.37	4.84	2,707	\$2,916.89
23	23	Nutritional Disorders, NEC	\$7,637,171	\$1,060,274	\$6,576,361	0.87	2.84	202.57	1.78	37,887	\$201.58
24	24	Cardiac Arrhythmias	\$7,387,886	\$3,276,354	\$4,097,304	1.31	2.73	42.89	2.21	4,790	\$1,542.36
25	25	Diabetes	\$7,378,097	\$1,395,928	\$5,947,747	0.9	4.62	211.54	1.27	19,811	\$372.42

NOTE: Medical payments represent only the payments made for the specified condition.



**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 58.55% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$404,858,545	\$112,176,739	\$291,898,223	47.35	3.64	5,740.13	102.49
All Clinical Conditions	\$691,486,267	\$198,183,350	\$491,852,012	88.45	3.89	8,704.54	228.01
Top Clinical Conditions as Pct of All Clinical Conditions	58.55%	56.60%	59.35%	53.53%	93.59%	65.94%	44.95%

### **Claims Lag Analysis**

The following claims lag information is based on medical claims (does not include Rx) incurred January through September 2008.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
Commonwealth Enhanced	2,620,092	20.2	84.53%	93.50%	96.27%
Commonwealth Essential	37,627	26.8	77.86%	89.47%	93.50%
Commonwealth Premiere	3,328,456	20.8	83.96%	93.14%	96.11%
Commonwealth Select	90,665	21.2	83.42%	92.61%	95.80%
~Missing	14,316	46.4	51.97%	73.38%	86.55%
All Plans	6,091,156	20.7	84.08%	93.22%	96.14%

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Month Incurred	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
Oct-07	\$2,821,578.14	\$980,087.72	\$468,734.16	\$361,176.46	\$273,913.28	\$418,185.18
Nov-07	\$5,758,818.05	\$1,946,003.67	\$941,398.68	\$593,279.39	\$228,645.44	\$220,228.18
Dec-07	\$37,528,281.48	\$4,458,517.48	\$2,779,483.68	\$1,410,738.09	\$101,498.97	\$377,616.42
Jan-08	\$54,649,219.63	\$35,177,640.41	\$5,869,336.00	\$2,260,928.96	\$1,053,084.50	\$674,710.52
Feb-08	N/A	\$50,601,705.05	\$34,221,770.99	\$5,174,399.12	\$2,069,306.24	\$1,129,163.38
Mar-08	N/A	N/A	\$50,856,281.80	\$36,974,602.18	\$5,746,405.57	\$1,908,114.28
Apr-08	N/A	N/A	N/A	\$54,117,865.92	\$36,554,468.18	\$6,077,510.27
May-08	N/A	N/A	N/A	N/A	\$51,094,793.80	\$36,953,948.94
Jun-08	N/A	N/A	N/A	N/A	N/A	\$51,084,547.89
Jul-08	N/A	N/A	N/A	N/A	N/A	N/A
Aug-08	N/A	N/A	N/A	N/A	N/A	N/A
Sep-08	N/A	N/A	N/A	N/A	N/A	N/A

	Month Paid					
Month Incurred	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
Oct-07	\$7,391.57	\$96,058.64	\$24,736.51	\$7,842.91	\$65,293.44	\$26,401.65
Nov-07	\$297,149.07	\$195,064.86	\$73,554.95	(\$56,959.55)	\$66,078.71	(\$111,253.28)
Dec-07	\$348,120.59	\$306,797.21	\$133,660.61	(\$4,936.09)	\$66,443.95	(\$20,559.05)
Jan-08	\$158,255.05	\$303,703.87	\$177,295.54	(\$4,413.28)	\$92,343.88	\$41,220.74
Feb-08	\$563,202.62	\$238,299.74	\$171,445.65	\$64,492.50	\$94,002.06	\$89,922.99
Mar-08	\$1,304,223.65	\$387,928.65	\$194,076.38	\$53,268.21	\$164,396.01	(\$53,849.97)
Apr-08	\$2,600,917.18	\$930,782.15	\$286,852.96	\$414,762.68	\$174,008.43	\$220,586.72
May-08	\$6,894,473.55	\$2,864,931.85	\$1,809,996.85	\$233,856.60	\$580,790.25	\$234,693.90
Jun-08	\$41,785,913.00	\$6,699,728.82	\$2,511,523.95	\$1,211,166.22	\$592,141.04	\$253,084.96
Jul-08	\$56,414,161.41	\$42,449,768.46	\$7,010,458.66	\$2,132,261.09	\$1,126,985.45	\$465,777.06
Aug-08	N/A	\$52,905,770.31	\$37,520,761.76	\$6,344,306.42	\$2,487,535.61	\$777,896.52
Sep-08	N/A	N/A	\$54,044,948.94	\$36,484,852.22	\$5,970,837.05	\$3,405,695.43

### Claims Distribution Based on Age/Gender

The following is based on claims incurred January through September 2008.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,377.9	\$8,491,782.17	\$6,162.84	1,430.6	\$10,973,005.28	\$7,670.21
Ages 1-4	5,043.7	\$5,498,982.40	\$1,090.27	5,316.3	\$7,445,669.30	\$1,400.54
Ages 5-9	6,782.8	\$5,544,417.96	\$817.42	7,005.3	\$8,377,644.10	\$1,195.90
Ages 10-14	7,398.9	\$9,409,559.78	\$1,271.75	7,746.3	\$9,602,401.37	\$1,239.61
Ages 15-17	4,944.0	\$7,673,949.53	\$1,552.17	5,351.4	\$7,801,527.66	\$1,457.85
Ages 18-19	3,324.3	\$5,627,313.45	\$1,692.78	3,440.0	\$4,620,525.26	\$1,343.18
Ages 20-24	6,929.9	\$13,809,836.35	\$1,992.79	5,649.2	\$7,025,721.97	\$1,243.67
Ages 25-29	8,733.9	\$25,187,112.08	\$2,883.83	4,277.3	\$6,200,014.21	\$1,449.52
Ages 30-34	9,362.7	\$30,577,650.67	\$3,265.90	5,134.2	\$9,209,017.98	\$1,793.66
Ages 35-39	11,429.8	\$37,413,263.71	\$3,273.31	5,972.3	\$13,286,774.05	\$2,224.73
Ages 40-44	12,321.3	\$45,552,350.48	\$3,697.04	6,712.2	\$18,452,548.91	\$2,749.11
Ages 45-49	15,033.7	\$62,656,693.44	\$4,167.75	8,099.2	\$30,289,440.57	\$3,739.81
Ages 50-54	18,283.2	\$89,354,276.22	\$4,887.23	10,626.1	\$48,642,591.98	\$4,577.65
Ages 55-59	20,357.0	\$109,371,339.50	\$5,372.66	12,904.2	\$69,245,354.79	\$5,366.11
Ages 60-64	16,067.9	\$105,166,150.71	\$6,545.11	10,930.6	\$72,516,210.05	\$6,634.24
Ages 65-74	1,854.6	\$11,794,118.22	\$6,359.39	1,389.4	\$11,314,601.27	\$8,143.52

### **Allowed Amount Distribution**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005, 2006, 2007 and 2008.

<b>Allowed Amount</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
less than 0.00	90	9	3	13
\$0.00 - \$499.99	50,002	54,061	53,849	60,610
\$500.00 - \$999.99	29,232	32,928	33,808	37,011
\$1,000.00 - \$1,999.99	35,407	40,357	42,441	43,075
\$2,000.00 - \$4,999.99	47,471	54,433	56,811	52,778
\$5,000.00 - \$9,999.99	26,210	30,368	32,268	26,213
\$10,000.00 - \$14,999.99	9,138	10,609	11,958	9,284
\$15,000.00 - \$19,999.99	4,055	4,728	5,473	4,280
\$20,000.00 - \$29,999.99	3,539	4,281	5,062	3,880
\$30,000.00 - \$49,999.99	2,312	2,845	3,283	2,414
\$50,000.00 - \$74,999.99	932	1,093	1,306	996
\$75,000.00 - \$99,999.99	390	463	529	361
\$100,000.00 - \$149,999.99	299	354	409	343
\$150,000.00 - \$199,999.99	116	117	161	107
\$200,000.00 - \$249,999.99	57	61	80	62
over \$249,999.99	74	97	128	87
<b>Total</b>	<b>209,324</b>	<b>236,804</b>	<b>247,569</b>	<b>241,514</b>

### **Summary of Enrollment and Claims**

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid</b>	<b>Scripts Rx</b>
Oct 2007	247,352	\$103,429,264.05	\$79,833,668.83	\$23,595,595.22	748,484	331,150	431,300
Nov 2007	248,216	\$97,149,843.24	\$74,170,049.81	\$22,979,793.43	738,150	308,511	422,413
Dec 2007	249,079	\$95,126,696.61	\$71,666,304.92	\$23,460,391.69	712,628	274,790	430,602
Jan 2008	250,257	\$100,453,325.82	\$76,336,490.23	\$24,116,835.59	769,085	320,961	440,220
Feb 2008	250,321	\$94,417,710.34	\$70,821,499.17	\$23,596,211.17	748,721	304,204	437,088
Mar 2008	250,753	\$97,535,446.76	\$73,210,310.62	\$24,325,136.14	756,873	307,775	441,504
Apr 2008	250,726	\$101,377,754.49	\$77,880,126.38	\$23,497,628.11	732,482	308,125	417,072
May 2008	250,638	\$100,667,485.74	\$76,795,614.42	\$23,871,871.32	728,600	295,625	425,358
Jun 2008	251,013	\$104,138,105.88	\$80,661,205.08	\$23,476,900.80	719,431	304,577	407,502
Jul 2008	250,723	\$109,599,412.13	\$85,139,712.60	\$24,459,699.53	747,916	324,593	415,521
Aug 2008	247,839	\$100,036,270.62	\$75,699,890.45	\$24,336,380.17	705,892	289,849	408,011
Sep 2008	248,988	\$99,906,333.64	\$74,941,417.74	\$24,964,915.90	720,471	293,593	418,769

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
Oct 2006 - Sep 2007	242,344	1,084,319,063	\$827,741,503	\$256,577,559
Oct 2007 - Sep 2008	250,641	1,212,187,367	\$925,495,691	\$286,691,676
% Change (Roll Yrs)	3.40%	11.80%	11.80%	11.70%